

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1 of this attachment (see 3. above).

TN No. 92-5

Supersedes

TN No. 89-9

Approval Date

FEB 1 1992

Effective Date 1/1/92

HCFA ID: 7982E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A	<u>SP</u> <u>X</u>	Deductibles	<u>SP</u> <u>X</u>	Coinsurance
	Part B	<u>SP</u> <u>X</u>	Deductibles	<u>SP</u> <u>X</u>	Coinsurance

Other Medicaid Recipients	Part A	<u> </u>	Deductibles	<u> </u>	Coinsurance
	Part B	<u>SP</u> <u>X</u>	Deductibles	<u>SP</u> <u>X</u>	Coinsurance

Dual Eligible (QMB Plus)	Part A	<u>SP</u> <u>X</u>	Deductibles	<u>SP</u> <u>X</u>	Coinsurance
	Part B	<u>SP</u> <u>X</u>	Deductibles	<u>SP</u> <u>X</u>	Coinsurance

D.

TN No. <u>92-5</u>	Approval Date <u>FEB 21 1992</u>	Effective Date <u>1/1/92</u>
Supersedes <u>89-9</u>		
TN No. <u> </u>		

HCFA ID: 7982E